

I. Listing of Claims

This listing of claims will replace all prior versions, and listings, of claims in the application:

1-24. (Canceled)

25. (Previously Presented) A method for inserting a prosthetic device into an intervertebral space from a transforaminal approach, comprising:

providing a prosthetic device having a first component and a first curved flange extending along a surface of the first component, and a second component and a second curved flange extending along a surface of the second component; and

inserting a portion of the first curved flange into a first vertebra at a starting position and advancing the first curved flange through a curved path in the first vertebra from the starting position to a final position; and

inserting the second component to a position adjacent the first component, whereby the first component engages the second component to provide articulating motion therebetween.

26. (Original) The method of claim 25 wherein the first and second flanges engage and penetrate the first and second vertebra, respectively, during insertion.

27. (Original) The method of claim 25 wherein the first and second flanges are inserted into preformed openings of the first and second vertebra, respectively, during insertion.

28. (Original) The method of claim 25 wherein insertion of the first and second components into the first and second vertebrae, respectively, is accomplished at substantially the same time.

29. (Currently Amended) A method of intervertebral stabilization, comprising:
accessing a disc space between a first intervertebral member and a second
intervertebral member from a posterior lateral approach;
preparing the disc space for insertion of a motion preserving prosthetic device,
including cutting a transforaminal slot in at least one of the first intervertebral member and the
second intervertebral member, the transforaminal slot curved along its length; and
inserting via the posterior lateral approach a motion preserving prosthetic device
into the disc space.
30. (Previously Presented) The method of claim 29 wherein the preparing includes
positioning a cutting guide adjacent at least one of the first intervertebral member and the second
intervertebral member and translating a milling bit in the milling guide to cut the transforaminal
slot in the at least one of the first intervertebral member and the second intervertebral member.
31. (Previously Presented) The method of claim 30 wherein the inserting includes
positioning a portion of the motion preserving prosthetic device in the transforaminal slot.
32. (Previously Presented) The method of claim 30 wherein the inserting includes
removably connecting the motion preserving prosthetic device to a surgical instrument and
translating the surgical instrument to the disc space, and releasing the motion preserving
prosthetic device when a desired position of the motion preserving prosthetic device relative to
the disc space is attained.
33. (Previously Presented) The method of claim 30 wherein the motion preserving
prosthetic device has first and second articular components that support pivotal and rotational
movement between adjacent intervertebral members, and further comprising coupling the first
and the second articular components to one another prior to inserting the motion preserving
prosthetic device into the disc space.

34. (Previously Presented) The method of claim 33 wherein the coupling includes forming a ball and socket union between the first and second articular components.

35. (Previously Presented) A method of spinal stabilization, comprising:
providing a spinal implant device having a first articular component and a second articular component, at least one of the first and second articular components having a keel curved along its length for engagement with a vertebral member;
cooperatively assembling the first and second articular components such that the first and the second articular components can pivot and rotate relative to one another in a spinal motion preserving manner;
preparing a transforaminal opening in an endplate of at least one of a pair of adjacent vertebral members, the transforaminal opening curved along its length to substantially match a curve of the keel; and
positioning the assembled spinal implant device in a disc space between adjacent vertebral members from a transforaminal approach to the disc space such that the keel of at least one of the first and second articular components engages the transforaminal opening.

36. (Previously Presented) The method of claim 35 further comprising removing a disc occupying the disc space.

37. (Previously Presented) The method of claim 36 wherein the preparing the transforaminal opening includes positioning a milling guide having a curved opening adjacent the vertebral member and milling the disc with a milling bit that is translated along the curved opening.

38. (Previously Presented) The method of claim 36 wherein the positioning includes sliding a portion of the assembled spinal implant into the transforaminal opening.

39. (Previously Presented) The method of claim 35 wherein the assembling includes forming a ball and socket union between the first and the second articular components.

40. (Previously Presented) A method of spinal stabilization, comprising:
providing a spinal implant device having a first articular component and a second articular component;

cooperatively assembling the first and second articular components such that the first and the second articular components can pivot and rotate relative to one another in a spinal motion preserving manner;

positioning the assembled spinal implant device in a disc space between adjacent vertebral members from a transforaminal approach to the disc space; and

clearing the disc space prior to insertion of the assembled spinal implant device, wherein clearing includes opening a neuroforamen adjacent a disc situated in the disc space followed by a posterior trans-pedicle distraction.

41. (Canceled)

42. (Previously Presented) A method stabilizing a vertebral joint, comprising:
accessing a vertebral joint;
opening the neuroforamen on one side of the vertebral joint;
removing disc material adjacent the opened neuroforamen; and
inserting a motion preserving implant into a disc space previously occupied by the disc material; and
performing a trans-pedicle distraction after opening of the neuroforamen.

43. (Previously Presented) The method of claim 42 wherein the removing includes at least one of chiseling and milling the disc material.

44. (Previously Presented) The method of claim 43 wherein the removing includes milling the disc material, wherein milling includes positioning a milling guide having a curved opening adjacent the vertebral member and milling the disc material with a milling bit that is translated along the curved opening.

45. (Previously Presented) The method of claim 44 wherein opening includes cutting a transforaminal slot in the neuroforamen and wherein inserting includes lodging a portion of the disc implant in the transforaminal slot.